

CONFIRMATION AND EVALUATION OF THE PRACTICE
POTVRZENÍ O VYKONÁNÍ PRAXE A HODNOCENÍ STUDENTA

INTRODUCTORY PHARMACY INTERNSHIP FAPL1
students of Pharmacy at Faculty of Pharmacy, Masaryk University

Úvodní lékárenská praxe (FARPI)
posluchačů Farmaceutické fakulty Masarykovy Univerzity

**Hereby I confirm that the below mentioned student of the Faculty of Pharmacy
Masaryk University attended the Introductory pharmacy internship (2 weeks)**
Tímto potvrzují, že níže uvedený student FaF MU vykonal Úvodní lékárenskou praxi (2 týdny)

Academic year/Akademický rok: 2019/2020

Name of the student, ID number/Jméno a příjmení studenta, osobní číslo:

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Name and address of the pharmacy/Název a adresa lékárny:

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Date of the training/Termín praxe: from/od.....to/do:

Name of the supervisor (at the training workplace)/Praxi vedl:

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Evaluation by the student's supervisor/Hodnocení studenta vedoucím praxe:

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.....

Date/Datum:

.....
Signature of the pharmacy manager

Official stamp

Personal data protection:

All personal data listed in the Paper of Acceptation are treated according to the General Data Protection Regulation (GDPR) (EU) 2016/679. Pharmacists in question agree with the processing of their personal data necessary for the performance of the student's professional pharmacy experience. The appointed data will not be kept longer than necessary, with the time limit being five years after the completion of the Master's Degree Study.

In case of any question or problem please contact FaF, MU:
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